

MOve to Improve



Creating a Culture of Health

Vision:
Healthy Missourians
for life.

Mission:
To be the leader in
promoting,
protecting and
partnering for health

2005/09 DHSS Strategic Plan



The Department of Health and Senior Services is honored to serve the citizens of the State of Missouri so that together we can assure healthy Missourians for life! This document is our Strategic Vision and Plan through 2009.

In June 2005, the Department and partners engaged in a highly interactive planning and visioning process geared toward achieving breakthrough health improvement for Missourians. What emerged is a creative and innovative framework that will form the basis of our strategic effort through 2009. Our plan is testament to the hard work of hundreds of employees, partners and stakeholders that have an interest in creating a culture of health in Missouri.

Our vision demands progress, encourages achievement, and calls for courageous health policy. Our plan responds to the trends that shape our environment and is grounded in the following strategic and cross cutting priorities:

- ◆ **Increase Missourians' Awareness of, Commitment to & Investment in Health**
- ◆ **Create System Level Transformation of Health Improvement & Health Care Delivery**
- ◆ **Shift the Focus Toward Prevention and Wellness**
- ◆ **Maximize Resources**
- ◆ **Use Policy as a Transformation Tool**

The following cross cutting goals mark the direction of progress under the strategic priorities:

- ⇒ **Missouri Markets for Health**
- ⇒ **Missouri Motivates for Health**
- ⇒ **Missouri Models Health**

As a product of our learning organization, this plan is an evolving document. The plan will be enhanced as we progress forward in order to strive for continual innovation to improve health and independence for all Missourians.

Our plan is a blend of focusing our capabilities to meet today's needs and positioning DHSS to provide innovative solutions to meet the challenges of tomorrow. This plan will guide us in building department and community capacities to improve the health of Missourians.

We welcome your continued participation and support as we fulfill our responsibility to Missouri's citizens.

Sincerely,

A handwritten signature in dark ink that reads "Julia M. Epstein".

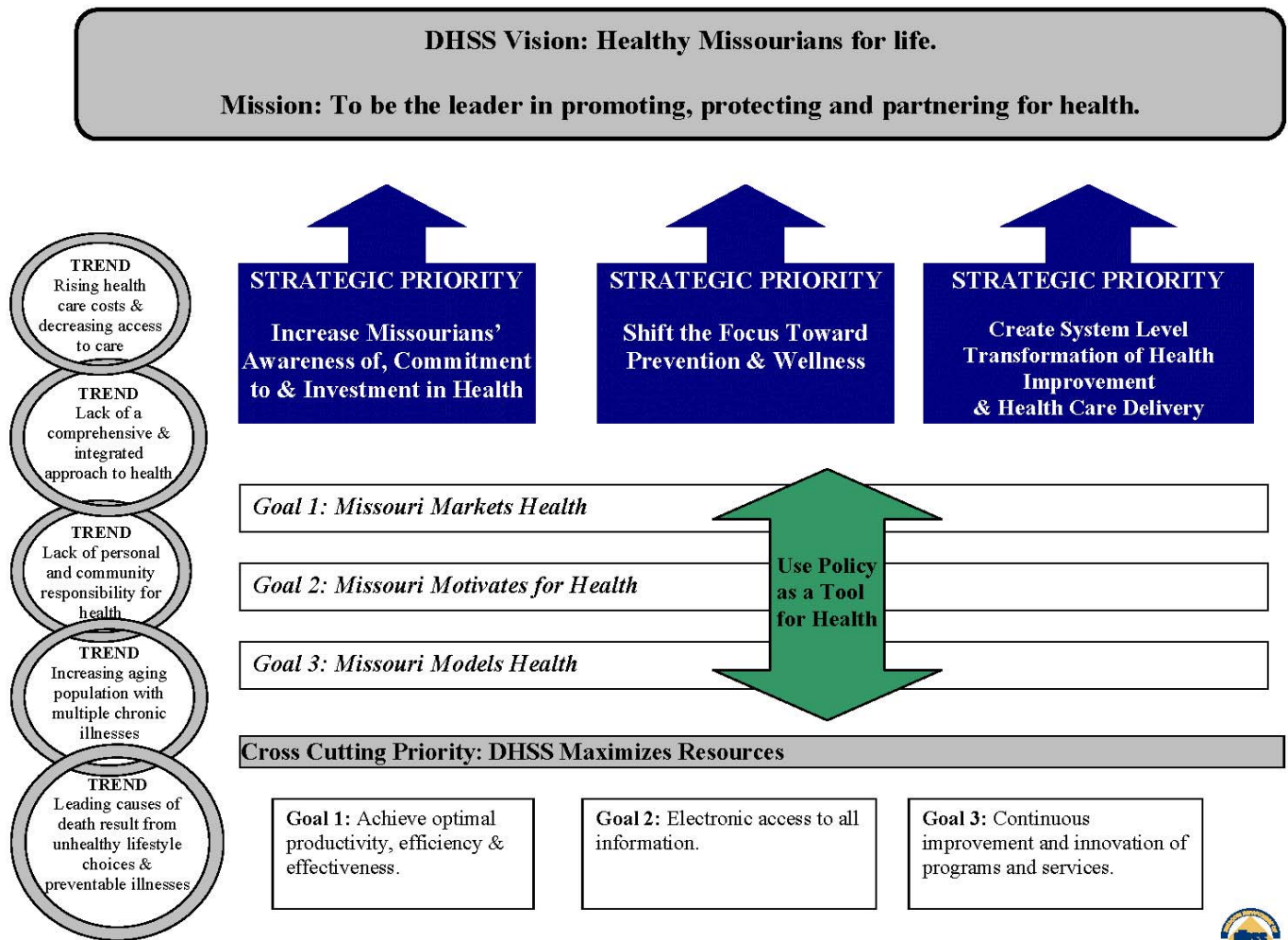
Director

Vision:
Healthy Missourians for life.

Each Missourian has a right to a healthy life, and a responsibility to make choices so that we have life long health. Our vision is for healthy Missourians throughout life: from conception to natural death. Together we can achieve this vision. Our health is our wealth.

Mission:
To be the leader in promoting, protecting and partnering for health.

The Missouri Department of Health and Senior Services is the health agency in Missouri. It is our role to promote health and to protect the citizens of Missouri. Promoting and protecting health is a big job; requiring partnerships that are broad and inclusive. It is our mission to be the leader in promoting, protecting and partnering for health.



Cross Cutting Goals: Marketing, Motivating, and Modeling Health

Marketing for health, motivating for health and modeling the change that we want to see in Missouri form the cross cutting goals that we will strive to achieve together with partners, employees, and communities throughout Missouri. While we serve the health of Missourians in many and varied ways, our strategic activity will be focused on Marketing health, Modeling health, and Motivating to achieve healthy Missourians for life.

Remaining Innovative

Our central challenge, and that of all organizations, is maintaining innovation. How do we as a state agency maintain that innovation? Our commitment is to instill the spirit of innovation throughout the organization: from manager to staff, from partner to program, from customer to service provider. To do this, we must make space for innovation! Our plan identifies particular organizational mechanisms for ideas such as the “Barrier Breakers” program, and our planning website, called “MOve to Improve.” Through programs like “Innovators” and through interactive communication throughout our organization and with partners, we will keep our attention on innovation.

DHSS Strategic Visioning and Planning Process

This creative process provided an opportunity for DHSS and partners to envision break-through health improvement for Missourians and to establish a strategic plan focused on five priorities:

1. Increasing awareness, commitment and investment in health
2. Shifting toward prevention and wellness
3. Transforming health improvement and health care delivery
4. Maximizing resources
5. Using policy as a transformation tool

Team Approach and Partner Engagement:

The mission of DHSS is *to be the leader in promoting, protecting and partnering for health*. The method of the *Move to Improve* (MTI) visioning and planning process was grounded in four principles:

- 1) *Team approach* – A team of 19 DHSS employees from throughout the department provided the leadership of MTI. Their task was to engage the department and our partners in visioning, environmental scanning, and plan development. The MTI team drew from a diversity of professional experiences and skills.
- 2) *Capacity building* – MTI was designed to build the strategic planning skills of MTI team members in order to assure the continued growth of strategic thinking and planning in the department.
- 3) *Employee and partner engagement* - DHSS employees and partners were engaged via focus groups, employee ‘brown bag’ drop-in discussions and meetings, and via online opportunities for exchange. Issues discussed related to health today as well as our health tomorrow:
 - a. Trends: What are the trends that affect our future service to Missourians?
 - b. Role of State Government: What is the role of state government in creating a culture of health?
 - c. Health improvement for seniors: What opportunities can influence significant health improvement for our seniors?
 - d. Opportunity costs: a) What are we doing now that we no longer need to do? b) If you could redirect DHSS funding to really make a difference, where would you direct it?

- 4) *Innovation* – The MTI process utilized multiple methods to engage partners and employees. The primary innovation was the website for Move to Improve: <http://www.dhss.mo.gov/NewVision/>. This website was accessed by hundreds of employees and partners to learn about MTI and to engage in the process.

Environmental Scan:

The environmental scan was an opportunity to review the environment in which DHSS serves Missourians. Health challenges, financial environment, policy arena, and trends were part of the review. DHSS employees and partners provided feedback through focus groups, on line opportunities, and brown bag ‘drop in’ employee discussions. The literature and critical reports about Missouri health and opportunities were reviewed by the MTI Team as part of an “Archival Scan”.

Archival Scan:

While speaking with employees and partners, the MTI team conducted a review of the literature focused on preventive health opportunities and related issues by drawing upon trends in health issues, trends in state health organization, and an initial review of plans within our department.

Communications:

A cross department communication strategy was undertaken to engage as many employees and partners as possible in providing input into the direction of the department as well as plan content. The key elements of the communication plan involved the following messages:

- WHAT is the MTI process?
- WHY strategic visioning and planning, why now?
- WHO is involved?
- HOW is the process to be conducted and how are we involved?
- WHEN will the process be completed?

The MTI team established multiple means of communication to explain the purpose for the MTI effort and to encourage involvement. The team developed a website, sent broadcast emails to partners and partner groups, and hosted employee meetings.

Web Presence:

A strategic planning website was developed as a tool to communicate with employees and partners. Several links were established to highlight Director Eckstein’s vision for the process, the experience of team members, the timeline, and the “Share Your Thoughts” link encouraging feedback. The website also included a partner’s page, where partners expressed their appreciation for the process.

“The perspective of public health has always been to act with the preventive end in sight. A culture of health extends the challenge as it is never too late to MOver to Improve for the sake of your own health or the health of society.”

Deborah Ann Jantsch, M.D.
State Board of Health Chair

“Creating a culture of health starts with taking responsibility for your own health. We all need to be role models when making choices. The healthy decisions that we make now will impact on the health of our family, friends and neighbors in the future. Healthy lifestyles for a healthy Missouri!”

David Sykora

Executive Director

St. Louis Area Agency on Aging

The web team also developed two videos featuring Director Eckstein introducing the process, the vision and the importance of creating a *Culture of Health*. One video was produced for employees and placed on the DHSS

intranet. The other was produced for the general public and displayed on the Internet. During the environmental scan period, the MTI website had approximately 22,000 hits.

Employee and Partner Contributions to Plan:

DHSS employees participated in 22 meetings throughout the department and on-line through the MTI website. DHSS partners were invited to participate in the on-line survey questions as well as the input opportunity on the MTI website. Nine focus groups with participation from 60 citizens and partners were conducted to obtain specific information pertinent to the department and relationships with its partners. The groups were:

Governor's Office

Board of Health & Board of Senior Services

State Agencies

Local Public Health Agencies

Legislators

Medical Professionals

Professionals involved with Senior Health

Community Coalitions

Schools and Programs of Public Health

All data/information collected during the environmental scan was compiled into a database based on topic/issue. Three models were developed based on the broad classification of the data: Opportunities for Breakthrough Health Improvement, Creating a Culture of Health and Threats and Challenges.

Visioning Session:

DHSS managers met to discuss the outcomes of the environmental scan on October 4, 2005. Based on the environmental scan and discussion contributions, this group of current and emerging DHSS leaders developed the department's vision, mission and strategic priorities that form the basis of this plan.

Plan Development:

Six teams from throughout the department were convened to establish the goals and objectives for the strategic and cross-cutting priorities. Their work was reviewed by an "innovation summit" to assure that the plan was striving toward innovation. DHSS employees then utilized the internal MTI website to contribute program information related to each strategic priority and objective and reviewed the action steps developed by innovation team.

Plan Symbols

Join the Effort and Conversation!



Participation in this plan is encouraged! Throughout this document you will see the green light symbol. This symbol identifies your opportunity to participate in achieving life long health for all Missourians. If you are reading this document on the web, you will also see hyperlinks that will take you to additional resources and information. We encourage your involvement and invite you to share your thoughts and ideas so that together we can assure healthy Missourians for life!



This symbol points out instances where goals and objectives relate to other portions of the plan.



This symbol indicates action steps toward the achievement of goals and objectives.

Trends Affecting the Health of Missourians

The following five trends inform the strategic direction of the department. They were identified through several hours of focus group discussions with community partners and partner state agencies, and through several hundred emails submitted by DHSS employees and partners between July-October 2005.

TREND

Rising health care costs & decreasing access to care

The phrase “an ounce of prevention is worth a pound of cure” is no less true now than when it was stated long ago. [Health care costs are rising](#), and access to preventive care is decreasing. Missouri’s untold story is that costs of health care are compounded by chronic illnesses, which are preventable by a life of wellness.

Sixty percent of [Missouri adults are obese or overweight](#), and the obesity rate among Missouri adults increased by 95% from 1990 – 2002.¹ In a recent state-by-state analysis, Missouri ranked 21st in the nation for adult obesity, 14th in the nation for overweight high school students and 18th highest for excess weight in low-income children ages 2-5

years. As with smoking, Missouri tax payers underwrite the bill for this health issue. Missouri spent an estimated \$287 per person in 2003 on medical-costs related to obesity, and this was the 12th highest amount in the nation.² In Missouri the most recent estimated percentage of total Medicare and Medicaid adult medical expenses attributed to obesity is \$1.6 billion.³

Missouri can achieve greater health at a lower cost by focusing on prevention and independence: [reducing smoking](#), [increasing activity](#), [eating nutritious foods](#); and through [increased home based care](#). Savings from prevention and wellness can be redirected to assuring access to preventive health care and wellness programming for all ages.

TREND

Lack of a comprehensive & integrated approach to health

When we talk about health in policy contexts, we often focus on one disease, or an aspect of treating disease. We focus on acute illnesses and emergency health situations. To achieve breakthrough health improvement for all Missourians, we must approach health comprehensively, with focus on the whole person over a lifetime of health. Our greatest health challenges result from what we are calling [‘lifestyle illnesses’ and related risk factors](#): smoking, poor nutrition, unhealthy environments, and lack of physical activity. As a creative society, we can do better in our effort to improve the health of Missourians. We can work across health systems to focus on health holistically.

TREND

Lack of personal and community responsibility for health

Achieving a healthy Missouri requires an investment in health. This means that everyone should invest in health: individuals, groups, communities, businesses, schools, governments- everyone! As noted by one participant in our focus group among [local public health administrators](#):

“We as a culture are in between two types of responsibilities as individuals and the relationship with our government. We are either dependent or independent to an extreme. In a culture of health, we have to move from dependence or extreme independence toward interdependence.”

TREND

Increasing aging population with multiple chronic illnesses

Missouri ranks 14th in the nation for [percentage of people sixty-five and older](#).⁴ By 2025 nearly 20% of Missourians will be seniors. The importance of prevention is not lost to Missouri seniors as they experience health chronicities such as diabetes and heart disease. Eighty percent (80%) of Missouri seniors currently have at least one [chronic disease](#), and 50% of seniors have at least two. The management of concurrent chronic diseases requires assisted care whether at home or in a nursing facility. In 2003, the average annual nursing home cost per resident was \$35,557, while in comparison home-based care averaged \$5,916 per client and the taxpayers underwrite much of this cost.

TREND

Leading causes of death continue to result from unhealthy lifestyle choices & preventable illnesses

Preventive Health means a focus on preventing illness and injury. While every illness and injury is of concern, there are certain health issues that are keys to achieving breakthrough health improvement in Missouri. These issues in health are based on the leading causes of death and illness in Missouri as well as opportunities for health innovation emerging from organizational development and policy discourse. Missouri currently ranks third in the nation for the number of adult smokers. In Missouri, 27.2% of the adult population use tobacco.⁵ [Tobacco use](#) is responsible for more than 10,300 Missouri deaths annually,⁶ which means that each year a group the size of Bowling Green in Pike County, and Cuba in Crawford County dies because of tobacco use.⁷ For older adults, smoking is the [number one cause of morbidity and illness](#) across the U.S.⁸

Strategic Priorities to Achieve Healthy Missourians for Life

STRATEGIC PRIORITY

Increase Missourians' Awareness of, Commitment to & Investment in Health

Our health is our wealth. We cannot work if we are ill, we cannot participate fully in our families and communities if we are not well, and our longevity depends upon a life of healthy behaviors and decisions. Health is our responsibility. As individuals, we must take ownership of our nutrition, our activity, our vaccinations and health maintenance. We need to know about our own health and the health of our family. As communities, we can create opportunities for health and remove barriers to health access. As employers, we can identify ways to help our workforce maintain and improve health. As government, we can create

innovative incentives for health. Together, we can all be models of health for one another and for future generations. Over the next five years, DHSS will focus on marketing health, motivating others to improve and maintain health, and modeling health as an employer and as state employees so that together we can increase Missouri's awareness of, commitment to and investment in health.

Goal 1: Missouri Markets Health

Objective 1.1 Utilize innovative and effective venues of developing and delivering health messages that result in behavior change.

Action Steps



1. Establish the *Marketing for Health Coalition* by July 2006 to establish and fund a marketing plan that will increase Missouri's investment in health. The team will be comprised of health and marketing partners and will be convened by DHSS.

DHSS responsibility: Office of the Director

Objective 1.2 Develop and initiate a marketing plan by December 2006 that includes a statewide health campaign (see Objective 1.3 under this priority).

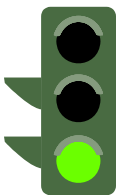


Action Steps



1. Establish an internal agency marketing workgroup to coordinate health marketing in DHSS by June 2006.
2. Identify department wide marketing assets and the need for social marketing skills and knowledge.
3. Identify ways to strengthen current health marketing efforts in department plans and activities. An example includes coordination of current marketing efforts.
4. Identify opportunities to link a department wide message/set of messages with current health marketing efforts throughout Missouri.
5. Inventory media outlets by December 2006 to determine which have a health section/category (health beat, health watch, etc).
6. Pursue partnerships to link our homepage into media outlets with health sections.

DHSS responsibility: [Office of Public Information](#)



- ★ Do you want to get involved in [Marketing Health](#) in Missouri? [Click here.](#)
- ★ Are you an advertiser who wants to become involved in health issues? [Click here.](#)
- ★ Do you want to learn more about health social marketing? [See these resources.](#)
- ★ If you are media outlet with a health section/category and would like to partner, [Click here.](#)
- ★ To share your activities in health marketing, [Click here.](#)

Objective 1.3 DHSS will coordinate the development of a statewide health campaign to be launched by the [Governor](#) in January 2007, and yearly thereafter.



Action Steps

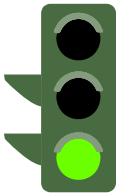


1. Based on the Marketing Health plan established under Objective 1.2, identify the core activities and media opportunities for the statewide health campaign, including partnerships with other state agencies.
2. The group will join the Governor to launch the campaign in January 2007.



3. Integrate with activities under Objective 3.1 under the Prevention strategic priority.

DHSS responsibility: Office of the Director



- ★ What components would you like to see incorporated in a statewide health campaign? [Click here](#) to share your ideas.
- ★ How can we help you launch a health campaign in your community? [Click here](#) to share your suggestions.
- ★ To tell us about health campaign efforts in your community, [Click here](#).

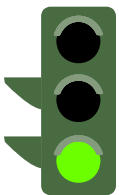
Objective 1.4 DHSS will increase Missouri consumer and industry support for the health benefit of DHSS regulatory services.

Action Steps:

1. Assess the [current regulatory roles](#) within the Department to identify the value of these regulatory services to the public and develop ideas for communicating the value to the public.
2. Initiate an annual review of administrative rules/regulations in August 2006.
3. Review regulations by May 2007 in partnership with the Missouri Legislature.
4. Design messaging about Missouri health regulatory services by August 2006. Integrate with DHSS marketing campaign.
5. Integrate with activities under objective 3.3 under the Transformation strategic priority.
6. Enhance our current system of long-term care facility regulation that allows collaboration between state regulators and facility operators to address patient safety and quality of care.



DHSS responsibility: Legislative Liaison and Director for Division of Regulation and Licensure.



- ★ [Learn more about regulations](#).
- ★ Do you have experience with DHSS licensure or regulatory services? [Click here](#) to tell us how we can improve our services.
- ★ Which regulations are unnecessary, duplicative or inefficient? [Click here](#) to comment.
- ★ [Click here](#) to tell us regulations that need to be strengthened.
- ★ [Click here](#) to share your suggestions for marketing messages surrounding health regulatory services.

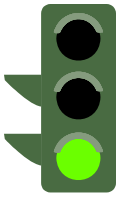
Objective 1.5 Ensure that Missouri seniors have access to necessary information when planning and making decisions about their long term care options in order to enable them to live independently in their community for as long as possible.



Action Steps:

1. Increase contacts with seniors and their families in settings where important long-term care decisions are made.

DHSS responsibility: Division of Senior and Disability Services



- ★ Click here to tell us where you think information should be distributed.

Objective 1.6 Promote opportunities for seniors to live high quality, active lives.

Action Steps:



1. Encourage communities to recruit seniors to participate in volunteer activities.
2. Facilitate the concept of lifelong learning for seniors by increasing awareness about free and reduced cost education opportunities at Missouri colleges and universities.
3. Assist in making a computer available to seniors at every senior center in the state.

DHSS responsibility: Division of Senior and Disability Services and Funding Coordinator



- ★ Click here to notify us of volunteer opportunities for seniors.
- ★ Are you aware of any educational opportunities for seniors? Click here to submit your information.
- ★ Do you have a computer you would like to donate to a senior center? Click here to provide us with your information.

Goal 2: Missouri Motivates for Health

Objective 2.1 Utilize new avenues to engage communities to create investment in health.

Action Steps



1. Establish the 'Invest in Health Partnership' comprised of statewide organizations that represent Missouri sectors (private, non-profit, public) to encourage a health focus by their members and customers. Establish and convene by August 2006.
2. Through the Invest in Health Partnership, establish targets for and indicators of community health investment by sector (business/education/government/community).

DHSS responsibility: Center for Local Public Health Services



- ★ Are you part of a statewide organization and would like to become involved in the Invest in Health Partnership? [Click here](#) to tell us about your organization.

Objective 2.2 DHSS will increase partnership with communities as resources and leaders to achieve healthy Missourians for life.

Action Steps:



1. Provide training, technical assistance and support to DHSS programs and employees to increase DHSS skills in community engagement.
2. Provide strategic plan development assistance to community coalitions focusing on assessment, capacity building, planning, implementation, and evaluation committed to community health improvement.
3. Provide ongoing technical assistance, support and training to communities with existing community health improvement plans and assistance to communities after plans are developed.
4. Identify innovative ways to engage Missouri communities to transform health and health systems.

DHSS responsibility: Division of Community and Public Health



- ★ [Click here](#) to share your ideas to build community capacity related to health.

Objective 2.3 Strengthen [incentives for health and wellness](#) by March 2007 and each year thereafter.

Action Steps



1. Through the Invest in Health Partnership, (see objective 2.1 under this goal) evaluate the myriad of ways to incentivize health and wellness using best practices from Missouri and elsewhere.
2. Highlight and work toward work place incentives that will create employee behavior changes in government (state/county/city) and Missouri businesses.
3. Design messaging about health incentives by December 2006. Integrate with the DHSS marketing campaign.
4. Coordinate with objectives 3.1 and 3.2 under this strategic priority.



DHSS responsibility: Division of Community and Public Health, Bureau of Health Promotion



- ★ To recommend effective work place health and wellness initiatives, [Click here](#).
- ★ To tell us about a health incentive message you would like to see integrated in the DHSS marketing plan, [Click here](#).

Objective 2.4: Improve seniors quality of life by ensuring appropriate supports are available in the community.

Action Steps:



1. Collaborate with community partners to strengthen transportation systems to allow seniors the ability to get to the places they need to go in order to remain in the community, especially in rural areas of the state.
2. Ensure there is a senior center in every Missouri county to support seniors' efforts to remain in the community.
3. Identify barriers that prevent individuals, community groups and faith-based organizations from volunteering to assist with care and support of seniors.
4. Collaborate with the Department of Social Services to emphasize the importance of enhancing the quality and bringing down the cost of care for the elderly and disabled.



- ★ Click here to tell us about your local senior center and how it can be a model for other communities.
- ★ Have you experienced any barriers to assisting seniors with their care? Click here to tell us about it.

DHSS responsibility: Division of Senior and Disability Services

Objective 2.5: Increase the safety of seniors in Missouri's long-term care system by working with providers to make safety a priority.

Action Steps:



1. Develop an incentive system that recognizes providers that exceed expectations with respect to improving safety and quality of care.
2. Collaborate with Department of Economic Development, Workforce Development and facility operators to address employee retention as a means to ensure patient safety and quality of care for the seniors under their care.

DHSS responsibility: Division of Regulation and Licensure, Section for Long Term Care and Division of Senior and Disability Services.



- ★ Do you have any ideas about incentives for providers? Click here to tell us your ideas.

Goal 3: Missouri Models Health

Objective 3.1 Model and encourage [worksite wellness](#) throughout Missouri state government.

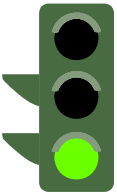
Action Steps



1. DHSS will enhance and task the DHSS worksite wellness committee to lead the worksite wellness efforts inside DHSS by January 2007.
2. DHSS will become a model in worksite wellness for other state agencies through reinvigoration of innovative worksite wellness policy and programs by August 2007.
3. Develop and disseminate worksite wellness programs for state departments and policy by December 2007.
4. Coordinate with objectives 2.2. and 3.2 under this strategic priority.



DHSS responsibility: Office of the Director



- ★ [Click here](#) to share your worksite wellness policy.
- ★ [Click here](#) to tell us how we can improve DHSS or state government worksite wellness.

Objective 3.2 Create a culture of health in state government through initiatives beginning in the Missouri Legislative session of 2007.

Action Steps



1. Develop partnerships and collaborative initiatives with [other state agencies](#) to create a culture of health.
2. Develop a health note that will facilitate Missouri government consideration of health implications to proposed state legislation using the model of a [fiscal note](#).
3. DHSS will host a Governor's event designed to increase awareness of and encouragement for government modeling of health.
4. DHSS will develop a Health Report Card to focus on the health of state government using indicators for worksite wellness, employee days out with illness, over-time, on-site exercise facilities, as well as other health indicators.
5. Enhance current state health initiatives related to the government as an employer.
6. Develop and conduct a semi-annual health fair for DHSS employees and families with possible expansion to all state agencies.
7. See also Objectives 2.3 and 3.1 under this strategic priority, and Objective 3.4 under the Prevention Strategic Priority.



DHSS responsibility: Legislative liaison



- ★ [Click here](#) to share your ideas for a Governor's event.
- ★ Suggested indicators for the state agency health report card are employee sick days, overtime, and on-site exercise facilities. [Click here](#) to share ideas for other indicators.
- ★ [Click here](#) to share your ideas for booths at a health fair.

Objective 3.3 Create a culture of health in local government.

Action Steps:



1. Educate elected officials on how their decisions can impact the health of their constituents.
2. Assist local governments in developing policies and initiatives to encourage constituent behavioral changes.
3. Encourage local governments to assess the health of their employees.

DHSS responsibility: Division of Community and Public Health



- ★ [Click here](#) to share your ideas about educating local officials about health.
- ★ If you know about a local government who has conducted a health assessment of employees, please [Click here](#) to share information.

Objective 3.4 Distribute the first State of Health Report by June 2006 and annually thereafter.

Action Steps:



1. Establish a distribution plan for the state health report for the media, legislators, and key government stakeholders.
2. Identify areas where the Governor can take a leadership role.
3. Establish an avenue for feedback for the report audience.
4. Address the Missouri General Assembly with a State of Missouri's Health.

DHSS Responsibility: Office of the Director / Office of Public Information

Objective 3.5 Proactively address senior issues and trends to be ready for the impact of the Baby Boom generation on the support system for Missouri Seniors.

Action steps:



1. Develop and explore innovative programs and supports to strengthen the continuum of care to encourage seniors to live independently and in their community for as long as possible.
2. Support the creation of a Missouri Senior Housing Task Force find unique solutions to housing challenges facing Missouri seniors.

DHSS responsibility: Office of the Director



Our health is impacted in part by access to appropriate health care and health information throughout our lives. In the United States, our health system is decentralized and multi-faceted. Some have described the health system as a “quilt with many holes”⁹ because for some, this means great flexibility in health care options, yet for others, it means tremendous confusion, cost, and more often than not, going without health care. As we work together to improve our investment in health as individuals, communities, and society; as we work together to shift focus from acute and emergent care toward prevention and wellness; we must also catalyze system level changes in health services. This means working across many Missouri health systems and communities so that we can move toward a


holistic and more efficient health system. Together we must find opportunities for system level change so that not only health, but also health systems will be transformed. This means that we will strive to improve the way we function together through our information systems, communication, financing and funding, access and delivery; even the conceptualization of our collective health task. A holistic and efficient system means healthier Missourians for life.

Goal 1: Missouri Markets Health

Objective 1.1 Generate public interest in working across many Missouri health systems to achieve health and efficiency in the health care system.

Action Steps



1. Define the different health systems (e.g. federally qualified health centers, health foundations) and develop messaging for DHSS marketing with focus on reducing confusion and cost for greater health and health access by December 2006.
2. See also objectives 2.1 and 3.1 under this strategic priority. 

DHSS responsibility: Office of Public Information



- ★ [Click here](#) to describe types of health systems.
- ★ [Click here](#) to suggest messaging for DHSS marketing.

Objective 1.2 Be the leader in coordinating and implementing interoperable health related technology.

Action Steps



1. The Governor, through Executive Order, will create a *Healthcare Information Technology Task Force* chaired by the Director of DHSS in January 2006.
2. Review the current status of healthcare information technology adoption by the healthcare delivery system in Missouri.

3. Address potential technical, scientific, economic, security, privacy and other issues related to the adoption of the interoperable healthcare information technology in Missouri.
4. Evaluate the cost of using interoperable healthcare information technology by the healthcare delivery system in Missouri.
5. Identify private resources and public/private partnerships to fund efforts to adopt interoperable healthcare information technology.
6. Explore the use of telemedicine as a vehicle to improve healthcare access to Missourians.
7. The *Healthcare Information Technology Task Force* will recommend best practices or policies for state government and private entities to promote the adoption of interoperable healthcare information technology by the Missouri healthcare delivery system.

DHSS responsibility: Office of the Director



- ★ [Click here](#) to describe your electronic records system.
- ★ [Click here](#) to comment on the health information technology coalition.

Objective 1.3 Enhance individual's ability to make informed choices about patient safety, quality of care and cost effectiveness in order to make them better consumers of health care services.



Action Steps:

1. Increase individual awareness about their own health, medical conditions and treatments allowing individuals to take a more active role in their health care decisions.
2. Increase and coordinate data available to consumers on the quality, safety and cost effectiveness of health care providers and services.

DHSS responsibility: Division of Community & Public Health / Information Technology Services Division / Division of Regulation and Licensure / Division of Senior and Disability Services

Goal 2: Missouri Motivates for Health

Objective 2.1 Expand availability of primary care physicians.



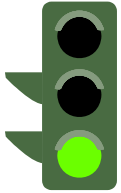
Action Steps:

1. Promote primary care alternatives to the emergency room for non-emergent situations.
2. Expand the PRIMO grant program to provide more health care professionals in designated health care shortage areas.
3. Partner with Missouri Primary Care Association to increase capacity and services through Federally Qualified Health Centers.

DHSS responsibility: Division of Community and Public Health

Performance Measures:

The ratio of population to primary care physicians (full-time equivalent) was 1,481 to 1 in 2004. By 2008, ratio of population to primary care physicians (full-time equivalent) target is 1,400 to 1.




- ★ Does your community have lack health care professionals? [Click here](#) to provide information on your community.

Goal 3: Missouri Models Health

Objective 3.1 Develop a pilot model of a community level ‘one stop health service shop’ integrating senior services, local public health services, mental health services, and (potentially) primary health care services by December 2007.

Action Steps



1. Establish a “one stop health shop” team comprised of community-based partners and state agencies across potentially integrated health services by September 2006.
2. The One Stop team will identify current community based models of integrated health services and determine feasibility issues and integration opportunities by December 2006.
3. Develop a pilot One Stop model and disseminate the model to the Missouri public, requesting volunteer communities by April 2007, seeking leverage funding for the model and pilot community(ies) by August 2007.
4. Coordinate with activities under objective 3.2 under this strategic priority. 
5. Shift culture of cooperation to be more integrated to incentivize regional cooperation.

DHSS responsibility: Division of Community and Public Health and Division of Senior and Disability Services.



- ★ What do you think about the concept of a ‘one stop’ health shop? [Click here](#) to share your thoughts.
- ★ What are the services that should be combined? [Click here](#) to share your ideas.

Objective 3.2 Pilot at least two regional public health agencies by December 2008.

Action Steps



1. Partner with [Missouri Association of Local Public Health Agencies](#), local public health agencies, and neighboring states to explore interest in regional public health agencies by June 2007. As interest and feasibility models are identified, initiate pilots by December 2008.



2. See also objective 3.1 under this strategic priority.

DHSS responsibility: Office of the Director



- ★ [Click here](#) to recommend local services that should be offered in a ‘one stop’ health shop.
- ★ [Click here](#) to volunteer your community as a pilot community.

Objective 3.3 Improve the integration of mental health and primary health care services.

Action Steps:

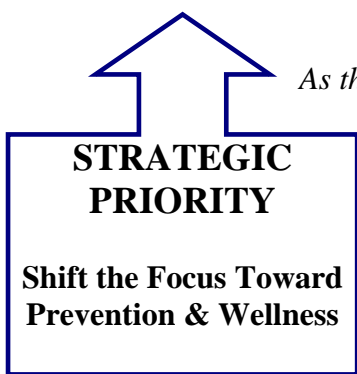


1. Establish a Department of Health and Senior Services and [Department of Mental Health](#) (DHSS-DMH) working group comprised of state employees and stakeholders to identify opportunities to improve the integration of mental health and primary health care services by September 2006.
2. Identify innovative programs in Missouri and elsewhere which integrate primary health care and mental health services. Identify potential pilot projects from these best practice innovations and based on the DHSS-DMH working group recommendations by January 2007.

DHSS Responsibility: Office of the Director



- ★ [Click here](#) to tell us about innovative programs that integrate primary health care and mental health services.



As the saying goes: “an ounce of prevention is worth a pound of cure.” Wellness and prevention of injury, illness, and premature death are keys to assuring healthier Missourians. Yet, when we talk about health in our public and policy contexts, we often focus on individual diseases, acute or emergency health situations, and we think about ‘taking a pill’ to solve our ailments. While these ways of thinking are deeply engrained in our culture, health improvement involves much more. A cultural, organizational, governmental, and system wide shift toward prevention and wellness is necessary to assure life long health for Missourians. Individuals, communities, businesses, and government can work together to shift the focus from acute illness and disease to prevention and wellness. Together we can create a culture of health and wellness through good nutrition, physical activity, supportive policy, conducive environments, and healthy habits. Over the next five years, DHSS and partners will focus on prevention and wellness in all that we do.

Goal 1: Missouri Markets Health

Objective 1.1. Establish a statewide marketing campaign that emphasizes prevention and wellness by December 2007.

Action Steps



1. Identify Champions for Health – people who are well known in Missouri who will support and lead basic areas of the marketing messages (vs. diseases or conditions) by October 2006.
2. Design marketing messages and integrate with DHSS health marketing plan and the Statewide Health campaign by June 2007.
3. Establish a marketing readiness plan – use high profile opportunities to engage the public.
4. Promote the practice of curriculum integration in all education coursework (use health info in a stats class).
5. Market to social services partners and staff for integration of health messages into senior services (health education messages with home delivered meals).
6. See also Objectives 1.1 and 1.2 of the Investment Strategic Priority



DHSS responsibility: Office of Public Information



- ★ [Click here](#) to recommend a Champion for Health.
- ★ [Click here](#) to suggest ideas for a statewide marketing campaign emphasizing prevention and wellness.

Goal 2: Missouri Motivates for Health

Objective 2.1 Establish a smoke free workplace initiative by June 2006.



Action Steps

1. Identify state models for smoke free workplaces by March 2006.
2. Establish a smoke free workplace coalition to design and implement a smoke free workplace initiative by June 2006.
3. See also Objective 3.2 under the Investment Strategic Priority.



DHSS responsibility: Legislative Liaison and Division of Community and Public Health, Bureau of Health Promotion



- ★ [Click here](#) to tell us about your smoke free campus.

Objective 2.2 Improve the nutrition of food offered through the USDA's food distribution programs.¹⁰

Action Steps

1. Work with food distribution programs in Missouri to increase access for all Missourians at all times to enough food for an active, healthy life. (2002-2004 prevalence=11.3)¹¹
2. Work with state agencies, local schools and community groups to strengthen school nutrition policies.
3. Work with communities to offer [community farmers markets](#) and farmers market vouchers to increase access to nutritious foods.

DHSS Responsibility: Office of the Director

Performance measure:

Food insecurity using the baseline from 2002-2004 of 11.3% of households. Maintain the food insecurity prevalence rate of 11.3% of households from 2006-2008, which is below the national baseline average of 11.4%.



- ★ [Click here](#) to suggest ways to strengthen school nutrition policies.

Objective 2.3 Encourage regional approaches to health through pilot programs and departmental

contracts.

Action Steps

1. Revise contracts to incentivize regional pilot programs.
2. See objective 3.1 under Create System Level Transformation.



DHSS Responsibility: Division of Administration, Director's Office, General Counsel, Division of Community and Public Health



- ★ [Click here](#) to suggest ways to incentivize contracts.

Goal 3: Missouri Models Health

Objective 3.1 Highlight the activity of federal, state and local government leaders to access preventive health care or to engage in wellness related activity by September 2006 and quarterly/periodically thereafter.

Action Steps



1. Identify and highlight leaders who are immunizing their children/family members, changing diet or nutrition, engaging in physical activity through press releases grounded in health marketing messages for prevention and wellness.
2. Encourage wellness activities for Missouri leaders to increase the number of champions for health in Missouri.
3. Introduce wellness program to Missouri Legislature in 2007 session.

DHSS responsibility: Legislative liaison



- ★ [Click here](#) to recommend a leader DHSS should highlight in health marketing messages.
- ★ [Click here](#) to tell us about your recent community health event that had a local, state, or federal leader who participated.
- ★ [Click here](#) to request state participation in your local community health event.

Objective 3.2 Missouri will develop and promote health policies that support prevention.

Action Steps

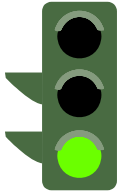
1. DHSS will support spending a larger percentage of the tobacco settlement on anti-smoking and youth prevention efforts.
2. Review DHSS and Missouri state health activities and services to determine the level of focus on prevention through a report to the Governor by December 2006.
3. Identify possible internal reallocation or other funds to focus on preventative initiatives.
4. Program/Budget Templates provided to the Governor's Office and the General Assembly will



highlight the pertinent prevention activities.

5. When appropriate, DHSS contracts will have a prevention outcome/focus.

DHSS responsibility: Division of Administration



- ★ [Click here](#) to tell us how we can improve our use of policy tools for prevention and wellness.

Objective 3.3 Model and support best practices in health.

Action Steps



1. Promote the [Missouri Information for Community Assessment](#) (MICA) Interventions tool to demonstrate best practices.
2. Continuously identify best practices in health through review of Missouri health services research, best practice reviews from Missouri programs and innovations from other states.
3. Assure that DHSS programs, contracts and policy are based on sound public health science and best practice.
4. Disseminate best practices in key health areas throughout Missouri.

DHSS responsibility: Office of the Director



- ★ [Click here](#) to share information about best practices.

CROSS CUTTING PRIORITY

DHSS Maximizes Resources


Every organization has an opportunity to maximize resources. Why? Because like people, organizations become 'set in our ways.'

As Missouri's health agency, we are tasked with working for the health of Missourians. As good stewards of the public's resource, we must continually improve services and maximize resources. Employees and partners are our best teachers for efficiency opportunities. Together we will become a more efficient organization serving the public's health.

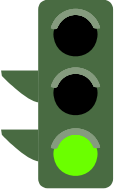
Goal 1: Achieve optimal productivity, efficiency & effectiveness.

Objective 1.1 DHSS will promote efficiency of activities, services and processes by streamlining communications, fiscal operations, technology opportunities and personnel services.

Action Steps

- 
1. Establish a Continuous Quality Improvement (CQI) task force led by a DHSS partner focused on internal efficiency and policy process development by August 2006.
 2. Assure innovative venues for efficiency recommendations by employees and partners by March 2006.
 3. Identify training areas to increase employee design and use of streamlined technologies in services and operations.
 4. Identify an efficiency expert in each work unit to provide the necessary training so they can provide the technical assistance.
 5. Integrate effective customer service into all service interactions, including extended office hours to increase accessibility for Missouri citizens.
 6. Implement result-based strategies throughout all areas of the department.
 7. Determine whether current functions can be accomplished less expensively by the private sector.

DHSS responsibility: Operations Coordinator

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- ★ If you would like to be a member of the CQI Task Force, [Click here](#) to tell us about yourself.
 - ★ [Click here](#) to recommend your ideas for Continuous Quality Improvement.
 - ★ [Click here](#) to learn more about the use of CQI in health.

Objective 1.2 Ensure the excellence and appropriateness of DHSS programs.

Action Steps



1. Develop a program assessment tool that focuses on efficiency and effectiveness.
2. Implement an annual review of programs.
3. Assess each program to determine if it fits with the vision and mission of the department.

DHSS Responsibility: Office of the Director

Objective 1.3 DHSS will become an organization that encourages and empowers employees to continually improve programs and services.

Action Steps

1. Enhance the *Move to Improve* website as an employee and partner opportunity for innovation recommendations by June 2006.
2. Reward innovation through a periodic ‘innovators’ award designed by the Innovation Summit team of DHSS. Begin awards within 3 months of initiating innovation idea gathering.
3. Institute “Barrier Breakers” a program that encourages employees to identify barriers to innovation, program and service improvement by August 2006.
4. Develop an internal communication plan to improve communication effectiveness by July 2006 using streamlined approaches grounded in technology.
5. Employees will have access to up-to-date program information to assure effective linkages for increasing program effectiveness and avoiding duplication.
6. Assure that staff is skilled in use of current technology to access information and to share information to customers by September 2006.
7. DHSS will create a culture of communication whereby managers and supervisors will communicate more effectively with staff and work units, and the department will communicate across programs more effectively.
8. Foster leadership opportunities through the continuous refinement of the Institute of Management Excellence.
9. Develop an Employee Incentive team that will focus on ways to incentivize and recognize employees.

DHSS responsibility: Office of the Director

Objective 1.4 DHSS will seek awards related to performance excellence.

Action Steps

1. Conduct an organizational assessment related to performance excellence by December 2006. Seek the [Baldrige National Quality Award](#) related to organizational performance excellence in the areas of 1) leadership, 2) strategic planning, 3) customer and market focus, 4) measurement, analysis and knowledge management, 5) human resources, 6) process management and 7) business results by March 2009.
2. Apply for the [Missouri Quality Award](#) awarded by the [Excellence in Missouri Foundation](#) by June 2007.



3. Seek other awards related to performance excellence by December 2010.



DHSS responsibility: Office of the Director

- ★ [Click here](#) to share ideas about how DHSS can encourage continuous service improvement.

Goal 2: Electronic access to all information.

Objective 2.1 DHSS will provide the ability for consumers and businesses to interact with DHSS and for DHSS to collaborate with other agencies through multiple electronic means.

Action Steps

1. Identify and prioritize information for electronic availability by June 2006.
2. Assure all documents are available electronically to staff and partners by June 2008, with an ongoing review to assure availability of all electronic information.
3. Assure that all DHSS staff has access to and ability to use adequate technology by August 2006.
4. Assure information distribution meets or exceeds national standards for data and health information.
5. Assure that data on the website is seamless, user friendly, easy to use and accessible for its intended customers.
6. Convert priority data to web-based technology for staff and customers by December 2008.
7. Convene multi-agency council to identify opportunities to improve customer service through technology by October 2006.



DHSS Responsibility: Program and Efficiency Coordinator in conjunction with Information Technology Services Division

- ★ [Click here](#) to suggest ways that DHSS can improve electronic access to documents and services.



Goal 3: Continuous improvement and innovation of programs and services.

Objective 3.1 DHSS will continue to improve staff competencies to accommodate a changing workforce.

Action Steps

1. DHSS will strengthen its staff with personnel who are trained and experienced in specific



public health practices by December 2008.

2. DHSS will provide more opportunities and facilitate cross training of staff to create a culture of learning by December 2006. Managers will support professional development to assure that staff is cross training and there is adequate depth in staff knowledge.
3. DHSS promotes the expectation of on-going skill development.



DHSS responsibility: Office of the Director

- ★ [Click here](#) to suggest ways DHSS can strengthen its staff.

Objective 3.2 DHSS will analyze its workforce needs and have an adequate supply of candidates.

Action Steps

1. Conduct ongoing analysis of workforce trends and staff changes to develop recommendations for succession and retention planning.
2. Join efforts to recruit for public service.
3. Foster partnerships with academic institutions that provide training for the pool of workforce candidates.
4. DHSS will have the ability to match staff to duties that are better suited to their strengths and program needs. Evaluate positions based on skills, education and credentials.
5. DHSS will strengthen relationships with colleges and universities and promote and support student experiences working with DHSS staff.
6. Work to improve the [merit system](#) through partnership with the Missouri Personnel Advisory Board.



DHSS responsibility: Office of Human Resources

- ★ [Click here](#) to share ways in which DHSS can assure a trained and adequate workforce for health in Missouri

Objective 3.3 DHSS will assure that its financial resources are maximized.

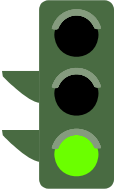
Action Steps

1. DHSS programs will identify ways to improve effectiveness through linkages between existing programs and through leveraging of new resources.
2. Grant applications will have cross-divisional input to reduce duplication and achieve innovation.
3. DHSS will seek outside funding that is consistent with the Department's mission and priorities.



4. DHSS will provide guidance and support to influence partners related to maximization of health resources.
5. Managers will be provided monthly financial information specific to each program so that outcomes can be linked to allocation and utilization of financial resources.

DHSS responsibility: Division of Administration



- ★ [Click here](#) to share ways in which DHSS can maximize our financial resources
- ★ [Click here](#) to share opportunities for the maximization of our collective health resources in Missouri

Objective 3.4 Streamline and improve internal business processes.

Action Steps

1. Redesign the intranet by January 2007 with the assistance of the Information Technology Services Division.
2. Redesign the [public website](#) by June 2007 with the assistance of the Information Technology Services Division.
3. Implement electronic billing within reimbursement programs by June 2008.
4. Establish on-line payments for fee-based programs by January 2008.
5. Increase use of the Learning Management System.
6. Establish interactive DHSS forms that can be completed and returned electronically by March 2007.



DHSS Responsibility: Program and Efficiency Coordinator



- ★ [Click here](#) to share ways to improve the public website.
- ★ [Click here](#) to share streamlining opportunities.

Hyperlinks

Additional Links Addressing Missouri Health Care Costs

Ten Ways to Reduce Health Care Costs <http://missourifamilies.org/features/healtharticles/health38.htm>
Long-Term Study of Health Care Costs for Seniors <http://www.missouri.edu/~news/releases/seniorhealth.htm>
Kaiser Family Foundation State Health Facts: <http://www.statehealthfacts.kff.org/cgi-bin/healthfacts.cgi?action=profile&area=Missouri&category=Health+Costs+%26+Budgets&subcategory=&topic=>
Missouri Employers Health Care Costs <http://www.bizjournals.com/stlouis/stories/2004/10/04/daily44.html>
and <http://www.bizjournals.com/kansascity/stories/2004/10/04/daily32.html>

Additional Links Addressing Obesity in Missouri

Lifestyle management of adult obesity <http://www.vhct.org/case2500/index.shtml>
Obesity report in Missouri <http://healthyamericans.org/reports/obesity2005/release.php?StateID=MO>
Preventing obesity and other chronic diseases –Missouri’s Nutrition and Physical Activity Plan
<http://www.health.state.mo.us/Obesity/ObesityBurdenWebversion.pdf>

Links to Smoking and Tobacco Information

Smoking and Tobacco facts <http://www.health.state.mo.us/SmokingAndTobacco/FSST.html>
Missouri Tobacco Quit Line <http://www.dhss.mo.gov/SmokingAndTobacco/QuitlineFactSheet2.pdf>
Missouri Partnership on smoking and health <http://www.smokingorhealth.org/>
National Center for Chronic Disease Prevention and Health Promotion, Tobacco Information and Prevention Source, www.cdc.gov/tobacco/

Links for More Information About Home Based Care

Addressing Long Waits for Home and Community-based Care Through Medicaid and the ADA
<http://www.nls.org/conf2005/Long-Waits.htm>
Home and community based programs <http://www.dss.mo.gov/fsd/homecb.htm> and
<http://www.dhss.mo.gov/HomeComServices/index.html>

Definition of Lifestyle Illness

<http://www.converge.org.nz/pirm/lifesick.htm>

Links about Local Public Health

Local public health agencies and services <http://www.dhss.mo.gov/LPHA/index.html>
Missouri Association of Local Public Health Agencies www.moalpha.org
Leadership in public health <http://www.phppo.cdc.gov/DPHSDR/Leadership.asp?target=leadership>

Links to learn more about Population Trends in Missouri

Missouri Census information <http://www.sos.mo.gov/library/reference/census/>

State population trends in the U.S. <http://www.census.gov/population/www/pop-profile/sttrend.html>

Missouri population projections 1992-2020 <http://www.oseda.missouri.edu/trendltr/tr060794.html>

Learn more about Chronic Diseases in Missouri

Chronic disease management <http://www.dhss.mo.gov/ChronicDisease/>

Leading causes of death in Missouri

<http://www.cdc.gov/nccdphp/publications/factsheets/ChronicDisease/missouri.htm>

Kansas City Chronic Disease Coalition <http://www.mo-pca.org/kccdc/>

Learn more about health marketing/social marketing

Application of social marketing for public health <http://www.pitt.edu/~super1/lecture/lec9271/>

Annual social marketing in public health conference <http://www.cme.hsc.usf.edu/coph/smph/>

Definition of social marketing <http://www.social-marketing.com/Whatis.html>

Applications of social marketing for public health and food safety www.fstea.org/resources/socialmark/NewSocMkt/

Examples of Incentives for Health

Tax incentives for health insurance <http://www.urban.org/publications/310791.html>

Worksite health promotion incentives <http://www.acsm-healthfitness.org/pt/re/acsm/abstract.00135124-200401000-00013.htm;jsessionid=DfHo4pQDGq2ALv2r2W31HsT1hDK0sz3EJO8YBvJakotFehhtOLC4!-2109904337!-949856144!9001!-1>

Pennsylvania Health Care Cost Containment Council <http://www.phc4.org/reports/fyi/fyi31.htm>

State innovations in health policy http://www.cmwf.org/publications/publications_show.htm?doc_id=294570

Links for Worksite Wellness

Review of Missouri worksite wellness <http://www.mofitness.org/MOWHPWebResources.htm>

Take the Worksite Wellness poll <http://preventdisease.com/poll.shtml>

Six Reasons for a Worksite Wellness Program <http://www.welcoa.org/about/sixreasons.php>

Fiscal Notes

Understanding Fiscal Notes in Missouri <http://www.moga.mo.gov/oversight/overhome.htm>

Missouri Law <http://www.moga.state.mo.us/statutes/C500-599/5360000200.HTM>

State Smoke Free Campuses

Indiana <http://www.wishtv.com/Global/story.asp?S=4133668>

Medical students encouraging smoke free state campuses <http://www.ama-assn.org/ama/pub/category/12699.html>

South Dakota <http://www.keloland.com/NewsDetail2817.cfm?Id=0,44031>

Smoke free policies and states <http://www.smokefreeworld.com/usa.shtml>

Learn More about Regulations

Link to Code of State Regulations: <http://www.sos.mo.gov/adrules/csr/csr.asp>

Link to Code of Federal Regulations: <http://www.gpoaccess.gov/cfr/index.html>

Link to Missouri Revised Statutes: <http://www.moga.mo.gov/STATUTES/STATUTES.HTM>

Link to United States Code: <http://uscode.house.gov/search/criteria.shtml>

¹ Governor's Council on Physical Fitness: <http://www.mofitness.org/shapeupmointro.htm>

² Healthy Americans: <http://healthyamericans.org/reports/obesity/print.php?StateID=MO>

³ Governor's Council on Physical Fitness webpage: <http://www.mofitness.org/shapeupmointro.htm>; and Finkelstein, EA, Fiebelkorn, IC, Wang, G. State-level estimates of annual medical expenditures attributable to obesity. *Obesity Research* 2004;12(1):18–24.

⁴ U.S. Census Bureau data (2000) cites 13.5% of Missouri population as being 65 years or older.

⁵ Centers for Disease Control and Prevention (2003). Report from Behavioral Risk Factor Surveillance System.

⁶ Missouri's Comprehensive Tobacco Use Prevention Program Strategic Plan 2000 – 2003

⁷ U.S. Census data for 2000. <http://factfinder.census.gov>

⁸ Cataldo JK.(2003) Smoking and Aging. Clinical implications. Part I: Health and consequence. *J Gerontol Nurs.* 2003 Sept. 29(9): 15-20.

⁹ Institute of Medicine (2004) report Financing AIDS CARE: A Quilt with Many Holes. Washington D.C.: Institute of Medicine.

¹⁰ U.S. Food Distribution Program:
http://www.usda.gov/wps/portal/!ut/p/s.7_0_1OB?navid=FOOD_DISTRIB&parentnav=LAWS_REGS&navtype=RT

¹¹ Prevalence of Missouri food insecurity (with or without hunger) 2004 as reported by the Economic Research Service. See: <http://www.ers.usda.gov/publications/err11/err11b.pdf>. For information on healthier foods, see: <http://www.thefoodtrust.org/>